CITY OF IRONDALE ALABAMA TAX REPORT

ACCOUNT NO REPORTING PERIOD (THIS RETURN ONLY FOR BUSINESS SHOWN BELOW)		MAIL THIS RETURN WITH REMITTANCE TO: City of Irondale Revenue Department P.O. Box 100188 Irondale, Alabama 35210 (205) 956-9200									
								TOTAL AMOU	INT ENCLOSED		
☐ First Report ☐ Changes (See back of Form) ☐ Check here if this is a final tax											
Type of Tax/Tax Area	(A) Gross Taxable Amount	(B) Total Deductions	(C) Net Taxable (Column A less Column B)	(D) Tax Rate	(E) Gross Tax Due (Column C x Column D)						
Sales: Automotive				1%	,						
Machine				1%							
All Other				4%							
Use: Automotive				1%							
Machine				1%							
All Other				4%							
Rental Lease: Personal Property											
Vehicles				3/4%							
All Other				3%							
Rental Lease: Real Property				3/10%							
Lodging				6%							
				370							
Wine (Per Liter)				\$0.07							
Number of Automotive vehicles Withdrawn from stock				\$10.00 Each							
This return must be postmarked by the 20 th day of the month following the reporting period for which you are filing to be considered a timely return.			(1) TOTAL TAX DUE (Total of Column E)								
THE 1.5% DISCOUNT MAY BE DEDUCTED FROM SALES AND USE TAXES IF PAID BY THE DUE DATE.			(2) PENALTY (Item 1 x 10%)								
			(3) INTEREST (Item 1 x 1% per month delinquent)								
By signing this report I am certifying that this report, including any accompanying schedules or statements, has been examined by me and is to the best of my knowledge and belief, a true and complete report for the period stated.			(4) DISCOUNT (If submitted prior to filing deadline) 1 1/2% on SALES & USE ONLY								
DATE TITLE			(5) NET TAX DUE (Item 1 less Item 4; if delinquent, Iten	ns 1+2+3)							
		_									
SIGNATURE			TOTAL AMOUNT DUE & ENCLOSED								

- For report to be accepted without penalties and interest, the following criteria must be met: Reports must be filed timely even when no tax is due. 1) 2) No other forms will be accepted. Name of business and City of Irondale Identification number must be on front of this form. 3) All deductions or credits must be explained fully. 4) Form must be complete and signed. All forms must be postmarked by the 20th of each month. If the 20th falls on a weekend or holiday, the form must be postmarked on the following business day to be accepted without penalties and interest. Use this page only for reporting sales shown in Column B on page 1. List names and addresses of customers of wholesale sales and sales to government or its agencies. NAME **ADDRESS** STANDARD DEDUCTION SUMMARY TABLE (SUMMARY BELOW MUST BE COMPLETED TO CORRESPOND WITH TOTAL DEDUCTIONS ON FRONT OF TAX REPORT) TYPE OF TAX WHOLESALE LABOR/NON-SALES DELIV. SALES TO GOV'T SALES OF GAS OTHER ALLOWABLE TOTAL **SALES** TRADE-INS **TAXABLE SERV OUTSIDE JURIS OR ITS AGENCIES** OR LUBE OILS **DEDUCTIONS DEDUCTIONS** TOTAL **DEDUCTIONS** INSTRUCTIONS & INFORMATION CONCERNING THE COMPLETION OF THIS REPORT To avoid the application of penalty and/or interest amounts, this report must be filed on or before the 20th of the month following the period for which the report is submitted. Cancellation postmark will determine timely filing. A remittance for the total amount due made payable to the tax jurisdiction must be submitted with this report. This report should be submitted on a monthly basis unless you have requested and been approved for a different filling frequency. Any credit for prior overpayment must be approved in advance by the taxing jurisdiction.
 - NO DUPLICATE OR REPLICATED FORMS ACCEPTABLE EXCEPT WITH PRIOR APPROVAL OF THE TAXING JURISDICTION.

Indicate Any Account Changes Below					
Business Name:					
Physical Address:	Phone:				
Mailing Address:	FAX:				
City:	Contact Person:				